

Healthy Families America

Program description:

Healthy Families America (<http://www.healthyfamiliesamerica.org>) is a network of programs that grew out of the Hawaii Healthy Start program. At-risk mothers are identified and enrolled either during pregnancy or shortly after the birth of a child. The intervention involves home visits by trained paraprofessionals who provide information on parenting and child development, parenting classes, and case management.

Typical age of primary program participant: 23

Typical age of secondary program participant: 1

Meta-Analysis of Program Effects

Outcomes Measured	Primary or Secondary Participant	No. of Effect Sizes	Unadjusted Effect Sizes (Random Effects Model)			Adjusted Effect Sizes and Standard Errors Used in the Benefit-Cost Analysis					
						First time ES is estimated			Second time ES is estimated		
			ES	SE	p-value	ES	SE	Age	ES	SE	Age
Alcohol abuse or dependence	P	1	-0.15	0.17	0.37	-0.08	0.17	25	-0.08	0.17	35
Public assistance	P	3	-0.02	0.05	0.67	-0.02	0.05	25	-0.02	0.05	35
Major depressive disorder	P	3	-0.07	0.06	0.25	-0.07	0.06	25	-0.02	0.02	27
Other illicit drug abuse or dependence	P	1	0.02	0.16	0.90	0.01	0.16	25	0.01	0.16	35
Test scores	S	4	0.01	0.10	0.90	0.01	0.10	5	0.01	0.05	17
Child abuse and neglect	S	7	-0.13	0.13	0.31	-0.08	0.13	2	-0.08	0.13	12
K-12 grade repetition	S	1	-0.02	0.12	0.90	-0.02	0.12	7	-0.02	0.12	17
K-12 special education	S	1	-0.22	0.12	0.06	-0.22	0.12	7	-0.22	0.12	17
Disruptive behavior symptoms	S	2	-0.06	0.13	0.61	-0.06	0.13	5	-0.03	0.05	10
Internalizing symptoms	S	2	-0.16	0.14	0.27	-0.16	0.14	5	-0.07	0.06	10

Benefit-Cost Summary

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2011). The economic discount rates and other relevant parameters are described in Technical Appendix 2.	Program Benefits					Costs	Summary Statistics			
	Partici-pants	Tax-payers	Other	Other Indirect	Total Benefits		Benefit to Cost Ratio	Return on Invest-ment	Benefits Minus Costs	Probability of a positive net present value
	\$632	\$1,165	\$198	\$593	\$2,589	-\$4,601	\$0.56	n/e	-\$2,011	26%

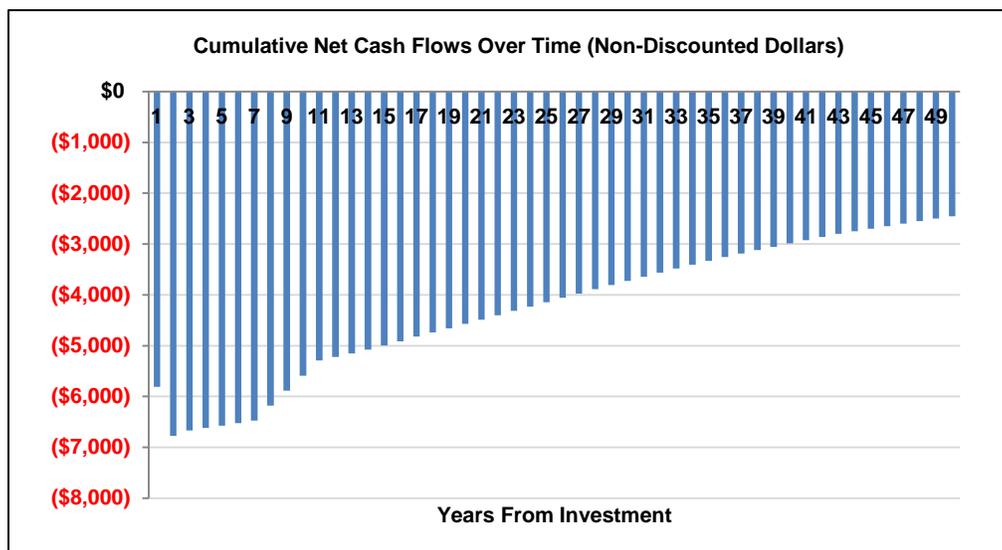
Detailed Monetary Benefit Estimates

Source of Benefits	Benefits to:				Total Benefits
	Partici-pants	Tax-pay-ers	Other	Other In-direct	
From Primary Participant					
Earnings via alcohol disorder	\$256	\$94	\$0	\$54	\$403
Health care costs for alcohol disorder	\$5	\$17	\$13	\$8	\$43
Property loss from alcohol disorder	\$2	\$0	\$4	\$0	\$6
Earnings via illicit drug disorder	-\$4	-\$1	\$0	-\$1	-\$6
Health care costs for illicit drug disorder	-\$1	-\$5	-\$3	-\$2	-\$11
Property loss from illicit drug disorder	-\$1	\$0	-\$2	\$0	-\$4
Earnings via depressive disorder	\$116	\$43	\$0	\$22	\$181
Health care costs via depressive disorder	\$29	\$89	\$87	\$45	\$251
Public assistance	-\$262	\$288	\$0	\$143	\$169
From Secondary Participant					
Crime	\$0	\$29	\$71	\$15	\$115
Earnings via test scores	\$213	\$78	\$0	\$38	\$329
Child abuse and neglect	\$270	\$44	\$0	\$22	\$335
K-12 grade repetition	\$0	\$1	\$0	\$1	\$3
K-12 special education	\$0	\$461	\$0	\$235	\$695
Health care costs for disruptive behavior symptoms	\$9	\$28	\$28	\$15	\$80

Detailed Cost Estimates

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The uncertainty range is used in Monte Carlo risk analysis, described in Technical Appendix 2.	Program Costs			Comparison Costs			Summary Statistics	
	Annual Cost	Program Duration	Year Dollars	Annual Cost	Program Duration	Year Dollars	Present Value of Net Program Costs (in 2011 dollars)	Uncertainty (+ or - %)
	\$3,348	1.2	2004	\$0	1	2004	\$4,598	10%

Source: Average annual cost per family from HFA survey of sites, FY2004 (available from: http://www.healthyfamiliesamerica.org/network_resources/hfa_state_of_state_systems.pdf). Average length of service provided by Prevent Child Abuse America, conversation in September, 2004.



Multiplicative Adjustments Applied to the Meta-Analysis

Type of Adjustment	Multiplier
1- Less well-implemented comparison group or observational study, with some covariates.	0.5
2- Well-implemented comparison group design, often with many statistical controls.	0.5
3- Well-done observational study with many statistical controls (e.g., IV, regression discontinuity).	0.81
4- Random assignment, with some RA implementation issues.	0.81
5- Well-done random assignment study.	1.00
Program developer = researcher	0.25
Unusual (not "real world") setting	0.5
Weak measurement used	0.54

The multipliers for these studies are based on a multivariate regression analysis of 106 effect sizes from evaluations of home visiting programs within child welfare or at-risk populations. The analysis examined the relative magnitude of effect sizes for studies rated a 1, 2, 3, or 4 research design quality, in comparison with a 5 (see Technical Appendix II for a description of these ratings). We weighted the model using the random effects inverse variance weights for each effect size. The results indicated that research designs 1 and 2 have effect sizes about twice the size of studies rated as a 5, and research designs 3 and 4 have effect sizes about 24 percent higher than a 5.

The analysis also found that effect sizes were statistically significantly higher when the program developer was involved in the research evaluation, or when a weak outcome measure was used.

Studies Used in the Meta-Analysis

- Anisfeld, E., Sandy, J. (with Guterman, N. B., & Rauh, V.). (2004, December). *Best Beginnings: A randomized controlled trial of a paraprofessional home visiting program* (Technical Report). Email from E. Anisfeld on February 2, 2011.
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- Center on Child Abuse Prevention Research. (1996, June). *Intensive home visitation: A randomized trial, follow-up and risk assessment study of Hawaii's Healthy Start program* (Final Report). Chicago: Prevent Child Abuse America.
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